

When you provide a check as payment you authorize the School District either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic transfer, funds may be withdrawn from your account as soon as the same day your payment is received, and you will not receive your check back from your financial institution.

**PLEASE RETURN THIS FEE WAIVER
OR YOUR FEE PAYMENT BY
FRIDAY, SEPTEMBER 12, 2025.
Thank you!**

September 2, 2025

Dear Parent or Guardian:

The Board of Education of the School District of West De Pere, in compliance with the provisions of Section 120.12(11) Wis. Stats., has determined that school children from families whose income is within the family income scale below are eligible for a waiver of the book and supply fee charged to students of the district.

**FAMILY INCOME SCALE FOR DETERMINING
ELIGIBILITY FOR WAIVER OF SCHOOL FEES**

Household Size	For Waiver (Must be at or below figure listed)	Household Size	For Waiver (Must be at or below figure listed)	Household Size	For Waiver (Must be at or below figure listed)
1 -----	\$20,345	5 -----	\$48,945	9 -----	\$77,545
2 -----	\$27,495	6 -----	\$56,095	10 -----	\$84,695
3 -----	\$34,645	7 -----	\$63,245	11 -----	\$91,845
4 -----	\$41,795	8 -----	\$70,395	12 -----	\$98,995
Each additional household member add.....\$ 7,150					

If your income is greater than that shown above but you have unusually high medical bills, shelter costs in excess of 30% of your income, special education expenses due to the mental or physical condition of a child or disaster or casualty losses, your children may still be eligible for the waiver.

To apply for this waiver, complete the application on the reverse side of this letter and return to the office of the school that your children attend. The information you give is confidential. Your application will be processed within 10 working days and you shall be notified by the determining official if your application is approved or denied. If you should disagree with the decision you may wish to discuss it with the determining official. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing:

Dr. Jason Lau, Superintendent, 400 Reid Street, Suite W, De Pere, WI 54115. Telephone: 337-1393.

If we can be of any further assistance or if your income changes during the year please contact us.

Sincerely,

 Jason Melotte, Business Manager

APPLICANT PLEASE NOTE:

The following definitions of "Family" and "Income" must be used in determining eligibility for waiver of fees.

"Family" means a group of related or non-related individuals who are not residents of an institution or boarding home, but who are living as one economic unit.

"Income" means income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. It includes the following: (1) Monetary compensation for services, including wages, salary, commission, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or net rental income; (6) public assistance or welfare payment; (7) unemployment compensation; (8) government civilian employee or military retirement or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; and (13) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources, which would be available to pay the price of school fees.

The term "Income" as used in this notice, does not include monies used for the following special hardship conditions which could not be reasonably anticipated or controlled by the household: (1) Unusually high medical expenses (generally that which would be reportable to IRS when exceeding 3% of adjusted gross income); (2) shelter costs in excess of 30% of income; (3) special education expenses due to the mental or physical condition of a child; and (4) disaster or casualty losses. The family applying under any of these conditions must be able to document that they have such a hardship and be able to identify and prove the extra cost because of it.

APPLICATION FOR WAIVER OF SCHOOL FEES 2025-2026

This is a different form than the free/reduced lunch form and must be completed in order to qualify for a school fee waiver!

Parent or Guardian:

To apply for **waiver of school fees** for your children, please complete and return to the office of the school one of your children attends. *Only one application per family is required.*

1. Children for whom Application is being made NAME	GRADE	SCHOOL

2. Name and Address of Parent/Guardian	3. Total Number in household <i>Do not include those members who are no longer family dependents</i>
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4. Total Household Income Before Deductions - include wages of all working members, welfare payments, pensions, social security, and all other income of the total number in the family noted above. For income from non-farm and farm self-employment, compute gross income minus only the operating expenditures. Enter only <u>one</u> total amount below.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Yearly</td> <td style="width: 33%;">Monthly</td> <td style="width: 34%;">Per Pay Period (if used indicate how often paid)</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>	Yearly	Monthly	Per Pay Period (if used indicate how often paid)	\$ _____	\$ _____	\$ _____
Yearly	Monthly	Per Pay Period (if used indicate how often paid)				
\$ _____	\$ _____	\$ _____				

If your gross family income exceeds the amount indicated on the family income scale in the Parental Notice and you wish to apply under any of the four special hardship conditions cited there, complete the following.

5. Cost of Special Hardship \$ _____ per year \$ _____ per month	6. Special Hardship Condition <input type="checkbox"/> Unusually high medical bills not covered by insurance. <input type="checkbox"/> Shelter costs in excess of 30% of income. <input type="checkbox"/> Uninsured disaster or casualty losses. <input type="checkbox"/> Special educational expenses due to mental or physical condition of child.
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I hereby certify that all of the information furnished above is true and correct to the best of my knowledge. Verification will only be made after eligibility determination has been made. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable State and Federal statutes.

Signature of Parent/Guardian	Date
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FOR SCHOOL USE ONLY

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Action	<input type="checkbox"/> Approved <input type="checkbox"/> Denied for the following reason:	
Approval/Disapproval Date	Date Parent Notified	Signature of Determining Official